

MEDICAL ALERT INFORMATION

Child's Emergency Reference Card
Child's Full Name

Date of Birth

Critical Allergies / Medical Conditions

Primary Emergency Contact

Name:

Phone:

Secondary Emergency Contact

Name:

Phone:

Current Medications & Dosages

Medication Name

Dosage

Time/Frequency

Pediatrician Name

Pediatrician Phone

Hospital Preference & Insurance Info

In case of emergency, please provide this document to first responders or medical staff.